

<p><i>Effective on 12/08/2004.</i></p> <p>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2009</h2>		<p>Complete if Known</p>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/656,074
		Filing Date	September 5, 2003
		First Named Inventor	Vincent Demoulin, et al.
		Examiner Name	Don Nguyen Vo
		Art Unit	2811
TOTAL AMOUNT OF PAYMENT (\$) 890.00		Attorney Docket No.	PF020110

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify) _____

Customer Number 24498

☒ Deposit Account: Deposit Account Number 07-0832 Deposit Account Name: THOMSON LICENSING INC.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity	Fee (\$)	Fee Paid (\$)
Each claim over 20 (including Reissues)		50	25
Each independent claim over 3 (including Reissues)		200	100
Multiple dependent claims		360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**
 _____ - 20 or HP = _____ x _____ = _____
 HP = highest number of total claims paid for, if greater than 20.

Independent Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**
 _____ - 3 or HP = _____ x _____ = _____
 HP = highest number of independent claims paid for, if greater than 3.

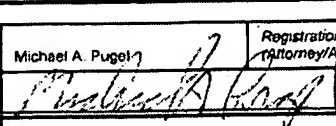
3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	_____ / 50 = _____	(round up to a whole number) x	_____	_____

4. OTHER FEE(S)

	Fees Paid (\$)
Request for Continued Examination (RCE) \$810.00	
Recordation (2) 40.00ea = \$80.00	
	890.00

SUBMITTED BY					
Name (Print/Type)	Michael A. Puget	Registration No. (Attorney/Agent)	57,368	Telephone	317-587-4027
Signature				Date	July 7, 2009